

<b>CLAIMS ONLY</b>				Application Number <b>10577350</b>		Filing Date	
				Applicant(s)			
* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
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Total Indep							
Total Depend							
Total Claims							

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
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49	1					
50		1				
Total Indep						
Total Depend						
Total Claims						

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	Indep	Depend	Indep	Depend	Indep	Depend
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95	1					
96		1				
97						
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99						
100						
Total Indep	2					
Total Depend	1					
Total Claims	3					